



2024 DONATION FORM

Thank you for donating to Tour de Cure presented by Wheaton Precious Metals, benefiting BC Cancer Foundation.

WHO ARE YOU DONATING TO?				Please mail this form or drop off with your donation to this address:	
Michelle Tice)	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	UR TAX REC	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come with its own donation form.
First Name	Last N	ame			All donations will be
Company name (for Co	prporate donations only)				credited in Canadian dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ce	Postal Cod	le	transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC test news and events, and fun			arch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every do	ollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove	er Time		
□ \$1,500	Challenger	,		payments of \$	
□ \$1,000	Champion	(monthly paym cannot extend		\$25 or higher a	ind
□ \$500	Catalyst	Carmot exterio	beyond Augu	15(31, 2023.)	
□ \$2 5 0	Supporter				
\$	Custom				
Please enter your na	me or message as you would	d like it to appear	on the partic	ipant's Honou	r Roll
•	w the amount of my gift on the name to appear on the Tour de		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chequ	es payable to	Tour de Cure. I	nclude participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence immediately upon the processing of this form by the donation office.				
Card Number				CVV	Exp
Cardholder Name _		Cardholder S	ignature _		